	PATENT A	PPLICATIO Effecti		91901547 2000 05470D								
CLAIMS AS FILED - PART I (Column 1) (Column								MALL EN	TITY	OR	OTHER SMALL	THAN
TOTAL CLAIMS			20				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 =		' /			X40=		OR	X80=	i d
MULTIPLE DEPENDENT CLAIM P			RESENT				ŀ	105			. 270	
• 11	the difference	in cohumn 1 is	oss than 26	ro ente	*0° in column 2		Į	+135=		OR	+270=	500
* If the difference in column 1 is less than zero, enter **O* in column 2 CLAIMS AS AMENDED - PART II								TOTAL		OR	OTHER	7 //-
	05 05	(Column 1)	MENDEL	Colu		(Column 3)		SMALL	ENTTTY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	UMS UNING TER		LEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· Minus		••		-		X\$ 9=		OR	X\$18=	
	Independent • Minus		Minus	•••			ŀ	X40=		ОЯ	X80=	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	+270=	
								TOTAL		OR	TOTAL	
0	3/1/05							LOOIT. FEE	L	OR	ADDIT, FEE	
_	(Column 1) (Column 2) (Column 3)								ADDI-			ADDI-
AMENOMENT B		REMAINING AFTER AMENDMENT		PREVI	BEA OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 20	Minus	- 8	70	=/		X\$ 9=		OR	X\$18=	
	Independent	. 5	Minus	•••	4_	<u> -` </u>	11	X40=		OR	X80≤	200
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	+135=		OR	+270=	-
							7	YOTAL NODIT, FEE		OR	TOYAL ADDIT. FEE	7d
	- 10	(Column 1) (Column 2) (Column 3)										/
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	\prod	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=] [X\$ 9=		OR	X\$18=	
	Independent		Minus	•••		=	11	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.270	 -
•	If the entry in colu	L	+135=		OR	+270=						
**	ii the Tighest Nu Ii the Tighest Nu	mber Previously Parmber Previously P	aid For IN THE aid For IN TH	IS SPACE IS SPACE	is less that Is less the	in 30, enter "3." in 3, enter "3."	•	DOIT. FEE		OR	ADDIT, FEE	
	The Trighest Nurs	nber Previously Pa	ld For' (Total o	r Indopent	terd) is the	e highest numb	er fou	nd in the ap	propriate bo	x in co	iumn 1.	

*Application or Docket Number

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